



Optometric and Eyeglass Services

Provided by:

*Ophthalmologists, Optometrists,
Opticians and Eyeglass Providers*

*Medicaid, CHIP and Other Medical
Assistance Programs*

This publication supersedes all previous Optometric and Eyeglass Services provider handbooks. Published by the Montana Department of Public Health & Human Services, March 2003.

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My Medicaid Provider ID Number:
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My CHIP Provider ID Number:

Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated “In state” will not work outside Montana.

Provider Enrollment

For enrollment changes or questions:

(800) 624-3958 In state
(406) 442-1837 Out of state and Helena

Send written inquiries to:

Provider Enrollment Unit
P.O. Box 4936
Helena, MT 59604

Provider Relations

For questions about eligibility, payments, denials, general claims questions, PASSPORT questions, or to request provider manuals, fee schedules:

(800) 624-3958 In state
(406) 442-1837 Out of state and Helena

Send written inquiries to:

Provider Relations Unit
P.O. Box 4936
Helena, MT 59604

Claims

Send paper claims to:

Claims Processing Unit
P. O. Box 8000
Helena, MT 59604

Technical Services Center

Providers who have questions or changes regarding electronic funds transfer should call the number below and ask for the Direct Deposit Manager.

(406) 444-9500

Third Party Liability

For questions about private insurance, Medicare or other third-party liability:

(800) 624-3958 In state
(406) 442-1837 Out of state and Helena
(406) 442-0357 Fax

Send written inquiries to:

Third Party Liability Unit
P. O. Box 5838
Helena, MT 59604

Provider's Policy Questions

For policy questions or issues:

(406) 444-4068 Phone Program Officer
(406) 444-5296 Phone Claim Specialist
(406) 444-1861 Fax

Client Eligibility

For client eligibility, see the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual.

EDI Technical Help Desk

For questions regarding electronic claims submission:

(800) 624-3958 In and out-of-state
(406) 442-1837 Helena
(406) 442-4402 Fax

Mail to:

ACS
ATTN: MT EDI
P.O. Box 4936
Helena, MT 59604

Secretary of State

The Secretary of State's office publishes the most current version of the Administrative Rules of Montana (ARM):

(406) 444-2055 Phone

Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)

For coding advice and other SADMERC information:

(877) 735-1326

Mon-Fri 9:00 a.m.- 4:00 p.m. Eastern Time

SADMERC
P.O. Box 100143
Columbia, SC 29202-3143

Team Care Program Officer

For questions regarding the Team Care Program:

(406) 444-4540 Phone

(406) 444-1861 Fax

Team Care Program Officer
DPHHS
Managed Care Bureau
P.O. Box 202951
Helena, MT 59620-2951

Nurse First

For questions regarding Nurse First Disease Management or the Nurse Advice Line, contact:

(406) 444-4540 Phone

(406) 444-1861 Fax

Nurse First Program Officer
DPHHS
Managed Care Bureau
P.O. Box 202951
Helena, MT 59620-2951

Prior Authorization

Quality Assurance Division

For prior authorization for certain services (see the *Prior Authorization and PASSPORT* chapter in this manual) contact:

For clients with last names beginning with **A - K**, call:

(406) 444-3993 In/out-of-state

For clients with last names beginning with **L**, call:

(406) 444-6977 In/out-of-state

For clients with last names beginning with **M - Z**, call:

(406) 444-0190 In/out-of-state

Information may be faxed to:

(406) 444-0778 Fax

Send written inquiries to:
Surveillance/Utilization Review Section
Prior Authorization
P.O. Box 202953
Helena, MT 59620-2953

- Dispensing providers will evaluate existing frames to ensure lenses can be inserted.
- The eyeglass contractor will decide if the existing frame can be used for Medicaid covered lenses. If the existing frame cannot be used, the eyeglass contractor will inform the dispensing provider.
- If the existing frame breaks (after lenses are dispensed to the client), Medicaid will pay for a contract frame but not new lenses. The client can choose to pay privately for new lenses or find a contract frame that the lenses will fit. New lenses are not covered in this case.

Lens add-ons

Medicaid covers some “add-on” or special features for eyeglass lenses, and some are available on a private pay basis (see following table).

Lens Add-Ons			
Lens Feature	Medicaid Covers for Children (Ages 20 & Under)	Medicaid Covers for Adults (Ages 21 and Older)	Medicaid Contract Rate Per Lens
Photochromic - plastic (i.e. Transition)	Yes - if medically necessary	No	\$18.50
Photochromic - Glass (i.e. photogray, photo-brown)	Yes - if medically necessary	No	\$4.50
Progressive	No, but Medicaid will pay \$21.00 and client must pay balance	No, but Medicaid will pay \$21.00 and client must pay balance	VIP \$30.50 XL \$30.50 Percepta \$34.00 Comfort \$35.50
Polycarbonate lenses (Single vision, Bifocal, or Trifocal lenses)	Yes - if client is monocular	Yes - if client is monocular	\$4.00
Tints Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes	Yes	No charge
Tints other than Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes - if medically necessary	No	\$1.25
UV and scratch-resistant coatings	Yes - if medically necessary	No	\$1.50
Slab-off and fresnell prism	Yes - if medically necessary	Yes - if medically necessary	No charge

Any lens style, lens material, tint, coating lens enhancement (polished edge, etc.) not specifically noted above or within this manual will be billed to the dispensing provider at the eyeglass contractor’s normal and customary charges. The Department requests that providers bill clients the Walman Medicaid rate

for scratch guard and polycarbonate lenses. For other add-ons noted above that are not covered by Medicaid, payment is a private arrangement between the client and the provider. This means that the provider may charge either the usual private pay rate or the Walman Medicaid rate to the client.

Lens styles and materials

All eyeglass lenses fabricated by the eyeglass contractor for Medicaid clients must be in the edged form, edged to shape and size for a specific frame and returned to the dispensing provider as “lenses only,” or edged and mounted into a specific frame and returned to the dispensing provider as “complete Rx order.” Orders for “uncut” lenses are not accepted.

Medicaid covers the following lens styles:

- Single vision
- Flattop segments 25, 28, 35
- Round 22
- Flattop trifocals 7 x 25, 7 x 28
- Executive style bifocals.

Medicaid covers the following lens materials (no high index):

- Glass
- CR-39
- Polycarbonate for monocular clients only. Medicaid clients who are not monocular can choose polycarbonate lenses and pay the difference as an add-on (see previous table of *Lens Add-Ons*).

Replacement lenses and frames

All frames provided by the Medicaid contractor carry a 24-month manufacturer warranty on replacement fronts and temples. Medicaid clients must bring their broken frames into the dispensing provider for the contractor to repair. No new frame style or color can replace the broken frame.

If an adult (ages 21 and older) loses his or her eyeglasses within the 24 months, Medicaid will not cover another pair. If an adult’s lenses are broken or unusable, the client is eligible for replacement lenses (not frames) 12 months after the initial dispensing of contract eyeglasses.

If a child (ages 20 and under) loses or breaks the first pair of eyeglasses, and the damage is not covered by the warranty, Medicaid will replace one pair of eyeglasses within the 365 day period. Additional replacement requests must be reviewed by the Department Program Officer (see *Key Contacts*). Parents/guardians may purchase additional replacement eyeglasses at the Medicaid contract rate.